2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 11, 2007 8:00 am Secretary of State

05-11-2007 90027 004 ****61.25

DOCUMENT # N93000000397

1. Entity Name HAMMOCK POINTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

WORLD OF H 2884 S OSCI ORLANDO, F 2. Principal F	EOLA AVE L 32806	US ness - No P.O. Box #	WORLD OF HOMES 2884 S OSCEOLA A ORLANDO, FL 328			7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Suite, Apt. #, etc.			Suite, Apt. #, etc.			01272007 C	hg-NP	CR2E037 (12/06)		
City & State			City & State			4. FEI Number				
Zip	Country		Zip	Zip Country		5. Certificate of Status Desired \$8.75 Additional Fee Required				
-	6. Name	and Address of Currer	nt Registered Agent			7. Name and Add	dress of New Reg	gistered Agent		
				1	Vame					
DRAZ, VICKI WORLD OF HOMES 2884 S OSCEOLA AVE				Street Address		(P.O. Box Number is Not Acceptable)				
ORLANDO), FL 3280	06			City			FL Zip Cod	le	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
				Campaign Finand Contribution		\$5.00 May Be		ke check payable t		
	Due by N	nay 1, 2007	l mastra	IO COMMIDGION		Added to Fees	1,070	la Department of S	tate	
10.	Due by N	OFFICERS AND D		11.				S AND DIRECTORS IN		
10.	PD PD				1 10 2 2	ADDITIONS/CHANG	 ies to officers	S AND DIRECTORS IN		
TITLE NAME	PD MCCLAIN	OFFICERS AND D	DIRECTORS	11.	1 10 2 2	ADDITIONS/CHANG	 ies to officers	S AND DIRECTORS IN	V 10	
TITLE NAME STREET ADDRESS	PD MCCLAIN 5300 CRA	OFFICERS AND E I, GENE ANE HILL	DIRECTORS	11. TITLE NAME STREET A	DORESS 52	ADDITIONS/CHANG hlutz, A v3 Ham	l les to officers Mark Fl	S AND DIRECTORS IN Change	V 10	
TITLE NAME	PD MCCLAIN 5300 CRA SAINT CL	OFFICERS AND D	DIRECTORS	11.	DORESS 52	ADDITIONS/CHANG Phlutz, A 03 Ham - Cluup	HISUN MOKETO MOKETO	SAND DIRECTORS IN Change Spinte C.	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PD MCCLAIN 5300 CRA SAINT CL	OFFICERS AND D I, GENE NE HILL OUD, FL 34771	DIRECTORS	11. TITLE NAME STREET A CITY-ST	DORESS 52	ADDITIONS/CHANG Phlutz, A 03 Ham - Cluup	HISUN MOKETO MOKETO	SAND DIRECTORS IN Change Spinte C.	V 10	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MCCLAIN 5300 CRA SAINT CL SD LUKSTER 5253 HAM	OFFICERS AND D I, GENE NE HILL OUD, FL 34771 RD, PETE MMOCK CIRCLE	DIRECTORS Quelete	11. TITLE NAME STREET A CITY-ST TITLE NAME STREET A	DDRESS SA	ADDITIONS/CHANG Phlutz, A 03 Ham - Cluup	HISUN MAKETO Pete MMOCK	S AND DIRECTORS IN Change Brintle Ct. 3477 Quenange C Circle	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MCCLAIN 5300 CRA SAINT CL SD LUKSTER 5253 HAM SAINT CL	OFFICERS AND D I, GENE NNE HILL OUD, FL 34771 RD, PETE	DIRECTORS Delete	11. TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST	DDRESS SA	ADDITIONS/CHANG Phlutz, A 03 Ham - Cluup	HISUN MOKETO MOKETO	SAND DIRECTORS IN Change Brinte Ct. 3477 Rehange CCIRCLE	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCLAIN 5300 CRA SAINT CL SD LUKSTER 5253 HAM SAINT CL	OFFICERS AND DELLAR OFFICE	DIRECTORS Quelete	11. TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-SI TITLE	DDDRESS SA S	ADDITIONS/CHANGE PLUTZ, A US Ham F Cluub KStero, F 253 Ha Cluub, F	HISUN MOKETO MOKETO MOKETO MOCE MMOCE MMOCE TI 347	S AND DIRECTORS IN Change Brintle Ct. 3477 Quenange C Circle	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD MCCLAIN 5300 CRA SAINT CL SD LUKSTER 5253 HAM SAINT CL TD SYVERTS	OFFICERS AND DELLAR OFFICE	DIRECTORS Delete	11. TITLE NAME STREET A CITY-ST TITLE NAME STREET A CITY-ST TITLE NAME	DDRESS SA S	ADDITIONS/CHANGE PLUTZ, A BLUZZ, A CLUUD CLUD CLUUD C	HISUN MOKETO MOKETO Pete MMOCK MMOCK 1 347	S AND DIRECTORS IN Change Change Change Change Change Change	Addition Addition	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Obsyline Phone #

SI	CN	JAI	ГП	RF-